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|  |  | **Adult Social Care and HealthEnablement & Support Services Occupational Therapy Service** AddressAddressKentPost CodeTelephone: Ask for: Ref: Date:  |  |

Dear Dr

### **Re:** Name **Date of Birth**  **NHS Number**

**Address of Service User**

Name has asked Kent Adult Social Care to advise on his/her/their needs in adapting his/her/their home, and to support his/her/their request for a grant for this purpose. I have visited name of person and assessed that their difficulties include ............. I am therefore, investigating the possibility of providing ............

Before making these recommendations, I require information on the following points:

* Diagnosis
* Prognosis
* Mobility
* Is mobility expected to deteriorate and necessitate wheelchair dependency?

### Is life expectancy shortened?

* Is the patient aware of this?
* Is the family aware of this?
* Who has informed them?
* Has a referral to ............... been considered?

We would appreciate an early response which will allow me to progress this case. A prepaid envelope is enclosed for your convenience.

Yours sincerely

Name

Encl: Prepaid envelope